



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3615

SERIAL NUMBER 10/802,289	FILING DATE 03/17/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 7175-74605
-----------------------------	---------------------------------------	--------------	------------------------	--------------------------------------

APPLICANTS

David C. Newkirk, Lawrenceburg, IN;

Mark A. Graham, Springboro, OH;

Steven J. Schwartz, Cincinnati, OH; Michael E. Cerimele, Indianapolis, IN;

John W. Ruehl, Shelbyville, IN;

** CONTINUING DATA *****

This appln claims benefit of 60/455,621 03/18/2003
 and claims benefit of 60/510,756 10/13/2003

O.K. R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	IN	8	29	6
Examiner's Signature: <i>Robert J. Hunter</i> Initials: <i>R.J.H.</i>				

ADDRESS

23643
 BARNES & THORNBURG
 11 SOUTH MERIDIAN
 INDIANAPOLIS , IN
 46204

TITLE

Patient care equipment management system

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
------------	---	---

RECEIVED 1320	No. _____ to charge/credit DEPOSIT ACCOUNT	(time)
	No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit